

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026577

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 347 Primary Registration District No. 547 Registrar's No. 2002 STATE FILE NUMBER

VS 300
Rev. 4/59

1 4005

2 4002

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9 9040

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11 400

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13

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights | | c. CITY OR TOWN Clayton | |
| Length of stay in 1b DAYS | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If outside, give location) #7 Harcourt | |
| 3. NAME OF DECEASED (Type or print) First COLLIER Middle M. Last BERRY | | 4. DATE OF DEATH Month June Day 21 Year 1963 | |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 10/29/1879 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired | | 10b. KIND OF BUSINESS OR INDUSTRY road contractor | |
| 13a. FATHER'S NAME John Berry | | 13b. MOTHER'S MAIDEN NAME unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input type="checkbox"/> or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. [redacted] | |
| 11. BIRTHPLACE (City and state or country) Brentwood, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 14. NAME OF HUSBAND OR WIFE late, Leila Berry | | 17. INFORMANT Address Mrs. Marshall Berry #7 Danfield, Rd. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Exhaustion DUE TO (b) Hemorrhage; shock; Trauma DUE TO (c) Fall in home | | | INTERVAL BETWEEN ONSET AND DEATH 6-16-63 6-16-63 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arteriosclerosis; Nephrosclerosis; Pulmonary edema | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall in home | |
| 20c. TIME OF INJURY Hour 6-12-63 a.m. 6-12-63 p.m. 6-12-63 | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fall in home | | 20f. CITY, TOWN, OR LOCATION St. Louis | |
| 20g. COUNTY Missouri | | 20h. STATE Missouri | |
| 21. I attended the deceased from 8-30-62 to 6-21-63 and last saw her alive on 6-21-63 Death occurred at 4:15 PM on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Daniel L. Kestace | | 22b. ADDRESS M.D. 634 N Grand Ave | |
| 22c. DATE SIGNED 6-22-63 | | 22d. CITY, TOWN, OR COUNTY St. Louis | |
| 22e. STATE Missouri | | 22f. ZIP CODE 63101 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 6/24/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery | | 23d. LOCATION (City, town, or county) St. Louis | |
| 23e. ADDRESS Lupton Chapel, Inc 7233 Delmar Blvd | | 23f. DATE RECD. BY LOCAL REG. 6-22-63 | |
| 23g. REGISTRAR'S SIGNATURE John Murphy | | 23h. DATE 6-22-63 | |

County Berry

Dr. Dan Sexton Mo. Theatre Bldg
Room 2 P.M.

signed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Arnold W. Schene

Licensed Embalmer No. 3864

P. O. Address St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.